24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Senate Majority PAC	
	C C00484642
Check if 24-hour report X 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y Y
Full Name of Payee	Date of Public Distribution/Dissemination
Waterfront Strategies	09 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 3050 K St NW	Amount
Ste 100	
City State Zip Code	390771.00
Washington DC 20007-5108	Transaction ID: VN7GB9VA4H0 Date of Disbursement or Obligation
Purpose of Expenditure Media Buy Category/ Type	M = M / D = D / Y = Y = Y
Name of Federal Candidate Support Office	Sought: House District:
Mitch McConnell Oppose	President X Senate State: KY
Calendar Year-To-Date Per Election for Office Sought Disbut 2014	ursement For: Primary X General Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
Waterfront Strategies	09 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 3050 K St NW	Amount
Ste 100	Amount
City State Zip Code	19050.74
Washington DC 20007-5108	Transaction ID : VN7GB9VB4M3 Date of Disbursement or Obligation
Purpose of Expenditure Media Production Costs - Estimate Category/ Type	M = M / D = D / Y = Y = Y
Name of Federal Candidate Support Office	e Sought: House District:
Mitch McConnell Oppose	President X Senate State: KY
Calendar Year-To-Date Per Election for Office Sought Disbut 2014	ursement For: Primary X General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	409821.74
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	409821.74
Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent.	• • • • • • • • • • • • • • • • • • • •
24.0	09 07 2014
Signature	